

STATE OF TENNESSEE
BIDDER'S APPLICATION



Type or print in **INK**.

Return to: Department of General Services
Division of Purchasing
Third Floor, Tennessee Tower
312 8th Avenue, North
Nashville, Tennessee 37243-0557



1. Federal Employer Identification Number (See Substitute W9)		2. Social Security Number (See Substitute W9)	
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3. Applicant's Firm Name & Address		4. Address to which BIDS are to be mailed (If Different)	
Name		Name	
Street or Box		Street or Box	
City State Zip Code		City State Zip Code	
5. Order Address (If Different)		6. Remittance Address (If Different)	
Name		Name	
Street or Box		Street or Box	
City State Zip Code		City State Zip Code	
7. Name of Person Authorized to Sign Bids (Type or Print)	MANUAL Signature		Official Title
8. Contact Person		Title Phone Number (____)____-_____	
9. Previous Firm Name / Address (Name change).		10. Type of Business: (Check One Only)	
Street or Box		<input type="checkbox"/> 1 Agriculture, Forestry or Fishing	
City State Zip		<input type="checkbox"/> 2 Mining	
		<input type="checkbox"/> 3 Construction Services	
		<input type="checkbox"/> 4 Wholesale Trade	
		<input type="checkbox"/> 5 Retail Trade	
		<input type="checkbox"/> 6 Service Industry	
		<input type="checkbox"/> 7 Manufacturing	
11. Date Business Started:			
12. (OPTIONAL) In the event of a natural disaster please provide an after hours emergency phone number to obtain goods/services			
Contact Person _____ Telephone Number _____ - _____ A/C Phone Number			

NOTE: All Vendors must comply with TCA 12-4-101, "Bidding by State Employees Prohibited."

BIDDER APPLICATION
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13. Business Ownership (Check One or More) <input type="checkbox"/> D Disabled (Minority Owned)* <input type="checkbox"/> N Non-Minority Owned <input type="checkbox"/> G Government Owned <input type="checkbox"/> W Female (Minority Owned)* <input type="checkbox"/> E Race/Ethnic Background (Minority Owned)* <input type="checkbox"/> P Non-Profit *See Instructions		14. Ownership Ethnicity: (Check One Only) <input type="checkbox"/> A Asian <input type="checkbox"/> B African American <input type="checkbox"/> H Hispanic <input type="checkbox"/> I Native American Indian <input type="checkbox"/> C Caucasian <input type="checkbox"/> Other _____		
15. County Code for the County in which your Bid Address is located. Out of State is 98 (See Page 8). _____ <div style="text-align: center;">CODE</div>		17. Annual Sales: (Check One Only) <input type="checkbox"/> 1 Less than \$499,999 <input type="checkbox"/> 2 \$500,000 through \$999,999 <input type="checkbox"/> 3 \$1,000,000 through \$1,499,999 <input type="checkbox"/> 4 \$1,500,000 more		
16. Number of Full-Time Employees: _____				
18. Applicant's Comments				
19. Net worth of Applicant: \$ _____ <div style="text-align: right;">As of _____</div>		20. Approximate Inventory normally stocked: \$ _____		
21. Bank References(s)		22. States you have sold to (last 2 years):		
23. Has any State Agency filed a complaint against you or your products/services? NO _____ YES _____ If yes, list date(s): _____ _____ _____		24. Has a performance penalty ever been assessed against you? NO _____ YES _____ If yes: When?: _____ Why?: _____ Whom?: _____		
25. AFFIDAVIT: <div style="text-align: right;">STATE OF _____) COUNTY OF _____)</div> I, _____, do hereby solemnly swear or affirm that I am the _____ (title) of _____ (name of business), a _____ organized under the laws of the State of _____, and that the information given above is current and true to the best of my knowledge and is in no way misleading. Furthermore, should any data change in the future, I will ensure that correct information will immediately be sent in writing to the Purchasing Division of the Tennessee Department of General Services. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>				
STATE USE ONLY	Application Approved By: _____	Date: _____	Application Rejected By: _____	Date: _____

The Department of General Services, State of Tennessee, complies with Title VI of the Civil Rights Acts of 1964, as codified in 42 U.S.C. 2000D, which states that:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

The Department of General Services, State of Tennessee, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its program or activities and is in compliance with ADA (American with Disabilities Act of 1990) 42 U.S.C. 12101.

STATE OF TENNESSEE -- BIDDER’S APPLICATION
Tennessee Commodity Code Bid List Subclass Registration

Do not complete this page if you are only interested in doing business with local agencies and do not wish to be placed on a statewide bid list.

Applicant’s Firm Name:															
Federal Employer Identification OR Social Security Identification Number (If an Individual):								<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			STATE USE ONLY		<div></div> <div></div> <div></div>		
Check the Region or Regions (based upon map) which are Applicable for the T.C.C. Bid Subclasses Listed Below*:								<div>1</div> <div></div> <div>2</div> <div></div> <div>3</div> <div></div> <div>4</div> <div></div> <div>ALL</div> <div></div>							
*NOTE: Copy and submit separate forms for variations in applicable Region Codes															
Indicate the TCC Bid List Subclasses (Class and Subclass Numbers) below for those items procured by the State of Tennessee, and which you wish to receive Invitations to Bid and submit bid responses for. Refer to Alphabetic Class Listing and Numeric Bid List Subclass listing for appropriate Tennessee Commodity Code Number.															
CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS		
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